

Revision: HCFA-PM-91-9 (MB)
October 1991

ATTACHMENT 4.34-A
Page 1
OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

REQUIREMENTS FOR ADVANCE DIRECTIVES UNDER STATE PLAN FOR MEDICAL ASSISTANCE

The material that follows in Supplement 1 to Attachment 4.34-A, pages 1 - 10, is contained in pamphlet form and is distributed by the applicable providers at the time specified in paragraph 4.13 to those individuals under their care. The pamphlet contains the essential elements of State law on advance directives and prescribes implementing forms that comply with the requirements of the law.

TN No. <u>91-29</u>	Approval Date <u>1-28-92</u>	Effective Date <u>10-1-91</u>
Supersedes	Date Received <u>12-31-91</u>	HCFA ID: 7982E
TN No. <u>New</u>		